Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency J. S. EPA, PECION.
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)
A. First Notification B. Subsequent Notification (Complete item C) C. Installation's EPA ID Number TLR 6600000000000000000000000000000000000
II. Name of Installation (Include company and specific site name)
SICIPIA CORPOFIAMERICA
III. Location of Installation (Physical address not P.O. Box or Route Number)
Street C
12901 STOWEY ISCAND
Street (Continued)
City or Town State Zip Code
(HICAGO .
County Code County Name
03111004
IV. Installation Mailing Address (See Instructions)
Street or P.O. Box
3 AME APR 181996
City or Town State Zip Code FICE OF RCRA
EPA, REGION V
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (Last) (First)
KAMIAWSKI
Job Title Phone Number (Area Code and Number)
MANAGER 312-646-2222
VI. Installation Contact Address (See Instructions)
A. Contract Address Location Malling Other B. Street or P.O. Box
City or Town State Zip Code
VII. Ownership (See Instructions)
A. Name of installation's Legal Owner
SAME
Street, P.O. Box, of Route Number
City or Town State Zip Code
Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day You
Phone Number (Area Code and Number) B. Land type C. Owner Type Indicator No No No No No No No No No

		ID - For Official Use Only	
VIII. Type of Regulated Waste Activity (Mark X in the appropriate boxes; Refer to Instructions)			
A. Hazardous Wa	aste Activity	B. Used Oil Recycling Activities	
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	□ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel □ a. Generator Marketing to Burner □ b. Other Marketers □ c. Boiler and/or Industrial Furnace □ 1. Smelter Deferral □ 2. Small Quantity Exemption Indicate Type of Combustion Device(s) □ 1. Utility Boiler □ 2. Industrial Boiler □ 3. Industrial Furnace □ 5. Underground Injection Control	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les) a. Process b. Re-refine	
IX. Description of Hazardous Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of			
nonlisted hazardous wastes your installation 1. lunitable 2. Corrosive 3. Reactive 4. To	handles; See 40 CFR Parts 261.20 - 261.24) kicity aracteristic (List specific EPA hazardous wasie nu 61.31 - 33; See instructions if you need to lis 9 10	mber(s) for the Taxlcity characteristic contaminant(s)) at more than 12 waste codes.)	
X. Certification I certify under penalty of law that this document a system designed to assure that qualified personne or persons who manage the system, or those persons of my knowledge and belief, true, accurate, a including the possibility of fine and imprisonme	el properly gather and evaluate the information sons directly responsible for gathering the int nd complete. I am aware that there are signific	submitted. Based on my inquiry of the person	
Signature	Name and Official Title (Type or prin	Date Signed 3 · 27 · 96	
XI. Comments			
Note: Mail completed form to the appropriate EP	A Regional or State Office. (See Section III o	of the booklet for addresses.)	